Texas health officials reject doctor's plea to recommend budesonide and vitamin A – prioritizing vaccine propaganda over life-saving TREATMENTS

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- A Texas doctor successfully treated measles patients with budesonide and vitamin A, but state health officials refused to share this information, citing the MMR vaccine as the only recommendation.

- The CDC and Texas DSHS focus solely on measles prevention, ignoring potential treatments, even as measles outbreaks cause severe respiratory distress in some children.

- Doctors advocating for alternative treatments face systemic censorship, as medical boards and health authorities prioritize vaccine promotion over real patient care.

- The message from state medical boards is clear: get all the vaccines we tell you to get, or when your child gets sick, we will make sure they don't get properly treated, and we will let them die to punish you for not getting them vaccinated.

The vaccine industry's stranglehold on medicine

In a shocking display of bureaucratic rigidity, Texas health officials have rejected a doctor's plea to recommend budesonide as a treatment for measles, opting instead to promote the measles-mumps-rubella (MMR) vaccine as the sole solution. Dr. Ben Edwards, a Texas physician who successfully treated measles patients with budesonide and vitamin A, sought to share his findings with local and regional clinics, hospitals, and doctor's offices. However, his request was denied by the Texas Department of State Health Services (DSHS), which claimed that the state could only endorse the MMR vaccine for measles prevention.

This decision comes in the wake of a measles outbreak in West Texas, where a 6-year-old child tragically died from a rare case of pneumonia after being sedated and ventilated in the hospital awhile testing positive for measles. The child's parents revealed to Children's Health Defense (CHD) that their four other children **recovered quickly from measles after receiving cod liver oil (a source of vitamin A) and budesonide**. The child who died did not receive these treatments, and was sedated in the hospital, raising questions about whether her life could have been saved.

The refusal of Texas health officials to acknowledge efficacious treatments for measles is emblematic of a larger issue: the vaccine industry's monopolistic control over public health policy. Despite evidence that budesonide can alleviate respiratory distress caused by measles, state medical boards and health authorities continue to suppress such information, ensuring that vaccines remain the only sanctioned approach to infectious disease.

Dr. Edwards recounted his conversation with Dr. Scott Milton, the DSHS Public Health Region 1 medical director, who stated that higher authorities would not "go for" promoting budesonide. This admission reveals a disturbing truth: medical boards are not guided by patient outcomes but by an ideological commitment to the vaccine industry.

The CDC's webpage on measles offers no mention of treatments, only prevention through the MMR vaccine. However, the vaccine is not recommended for individuals already sick with a fever—a common symptom of measles. This leaves patients, particularly children, with no clear path to recovery.

Budesonide: a proven treatment suppressed

Budesonide, an inhaled corticosteroid traditionally used for asthma and chronic obstructive pulmonary disease, has shown promise in treating respiratory inflammation caused by viral infections. During the COVID-19 pandemic, frontline doctors and researchers, including those at Oxford University, **found budesonide effective in mitigating respiratory distress**.

Dr. Richard Bartlett, a West Texas emergency room physician with over 30 years of experience, has been a vocal advocate for budesonide. His website, Budesonide Works, highlights numerous studies demonstrating the steroid's effectiveness. Bartlett and other

doctors are now **pushing for legislation to make nebulized budesonide and nebulizer machines available over-the-counter**.

“I am aware of four children who were admitted to the pediatric intensive care unit at the Covenant Children’s Hospital in Lubbock, Texas, and received nebulized budesonide,” Bartlett told The Defender. “All were discharged from the ICU straight to home after receiving budesonide treatments.”

Despite these successes, the medical establishment continues to ignore budesonide’s potential, prioritizing vaccine promotion over patient care.

CDC's measles advice centers on vaccination and controversial immunoglobulin therapy

While the CDC does not list treatments for measles, it does recommend two forms of prophylaxis for unvaccinated individuals exposed to the virus: the MMR vaccine within 72 hours of exposure or immunoglobulin within six days. Immunoglobulin, an antibody therapy, has been administered to babies as young as three days old in response to measles exposure.

However, critics argue that immunoglobulin therapy may interfere with the body’s natural immune response. Dr. Suzanne Humphries, co-author of *Dissolving Illusions: Disease, Vaccines, and The Forgotten History*, warned that immunoglobulin “is a set-up for causing an incomplete immunologic response to the infection, which can set the person up for chronic diseases.” Brian Hooker, Ph.D., CHD’s chief scientific officer, echoed this concern, stating that immunoglobulin therapy “will dampen the innate immune response.”

The refusal of Texas health officials to endorse budesonide as a measles treatment is not an isolated incident but part of a broader pattern of censorship and suppression. By prioritizing vaccines over all other treatments, medical boards and health authorities are complicit in a system that discriminates against patients and stifles medical innovation. This leads to mass iatrogenic error in hospitals, as patients (who could be helped) are denied basic respiratory relief, oxygen, nutrients, and hydration, while being drugged up, sedated, and put on mechanical ventilators that can do more damage to the lungs and spreads pneumonia and other super bug infections.

As measles outbreaks continue and hospitals remain ill-equipped to treat people right, the question remains: how many more lives will be lost before the medical establishment acknowledges the value of efficacious anti-inflammatory and nutritive treatments? In the words of Dr. Edwards, “We were seeing some good results [with budesonide]. Why not share that information?” The answer lies in the vaccine industry’s stranglehold on medicine—a system that prioritizes profit over patients and ideology over innovation. Until this system is dismantled, countless lives will remain at risk.

Sources include:

ChildrensHealthDefense.org

Pubmed.gov

CDC.gov

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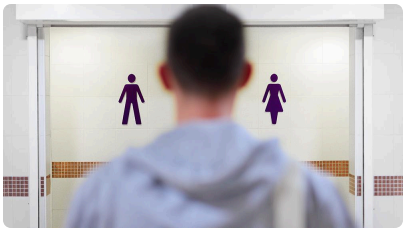

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